

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Corr Town

County

Calvert

MARYLAND

Date

of death

1908

Month

Mar

Day

15

Age

Years

Months

Days

Sex

Female

Color or
Race

Colored

Birth-
place

Calvert Co Md

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Stepwell Banister

Father's
Birthplace

Calvert Co Md

Mother's
Maiden Name

Martha Smith

Mother's
Birthplace

Calvert Co Md

Name of person giving
In formation

Martha Banister

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Premature Labor

How long

—

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Dr F Chambers

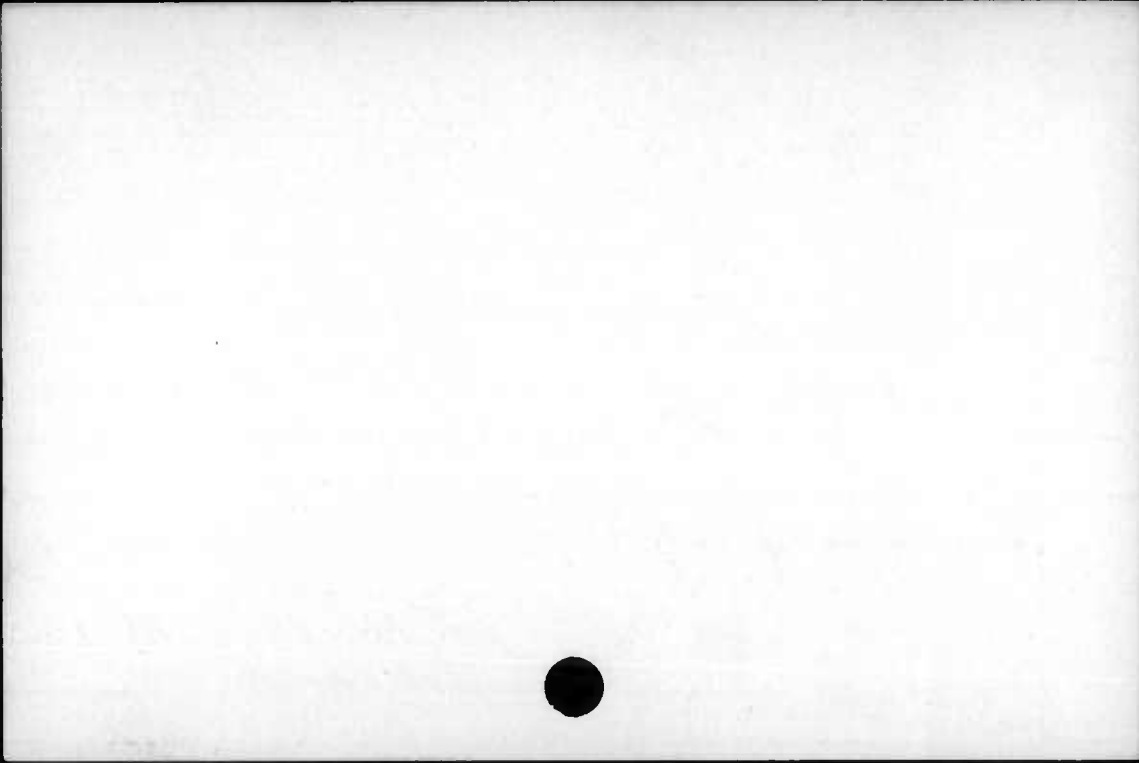
Address

Laurel by Calvert Co
Md

Accident or Suicide?



Name in Full Lilbert Bowen		CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at Barstow ^{Town}		Calvert ^{County}	
	MARYLAND			
	Date of death 1908	Month March	Day —	
	Age —	Years —	Months —	
	Sex Male	Color or Race White	Birthplace Calvert Co	
	Occupation None	Where Residing if not at place of death —		
	Married, Single or Widowed —	Name of Wife or Husband —		
Father's Name Amos L. Bowen	Father's Birthplace Calvert Co			
Mother's Maiden Name Elara B. Hard	Mother's Birthplace Calvert Co			
Name of person giving information Alvin Bowen	How related to deceased brother			
CAUSES OF DEATH				
PHYSICIAN OR CORONER	Primary Hemorrhage from	How long —	<div style="border: 2px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">152</div>	
	Immediate navel	How long —		
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician Dr. J. M. King		
		Address Barstow Md		
	Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name John Claggett

Town Sunderland County Calvert

Died at Sunderland

Date of death 1908 Month March Day 26th Age 63 Years Months Days

Sex Male Color or Race Negro Birth-place Unknown

Occupation Farmer Where Residing if not at place of death

Married, Single or Widowed Widowed Name of Wife or Husband Mrs. Rosa Jefferson

Father's Name Unknown Father's Birthplace Unknown

Mother's Maiden Name Unknown Mother's Birthplace Unknown

Name of person giving information David Earles How related to deceased Wife

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary Exhaustion from old age How long 6 Weeks

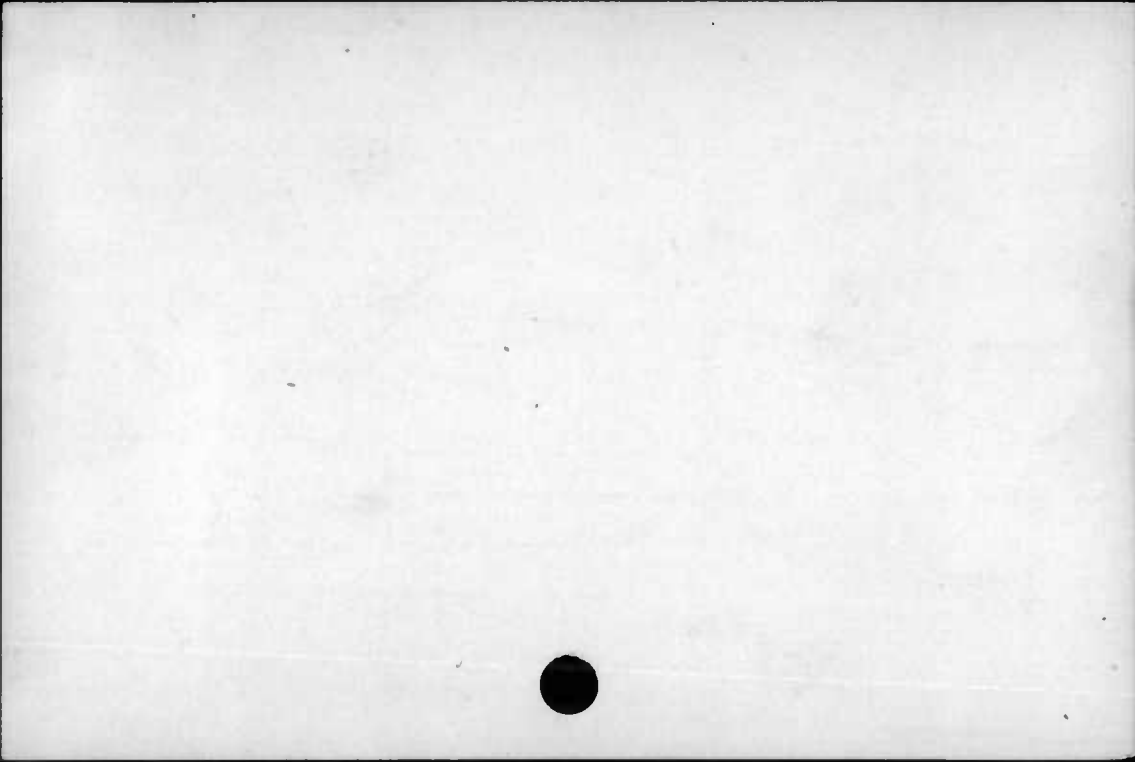
Immediate Dyspepsia How long 12 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician W. F. H. Talbot, M. D.

Address Willom

Accident or Suicide?



Name

In
Full

Eunaine Fogle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

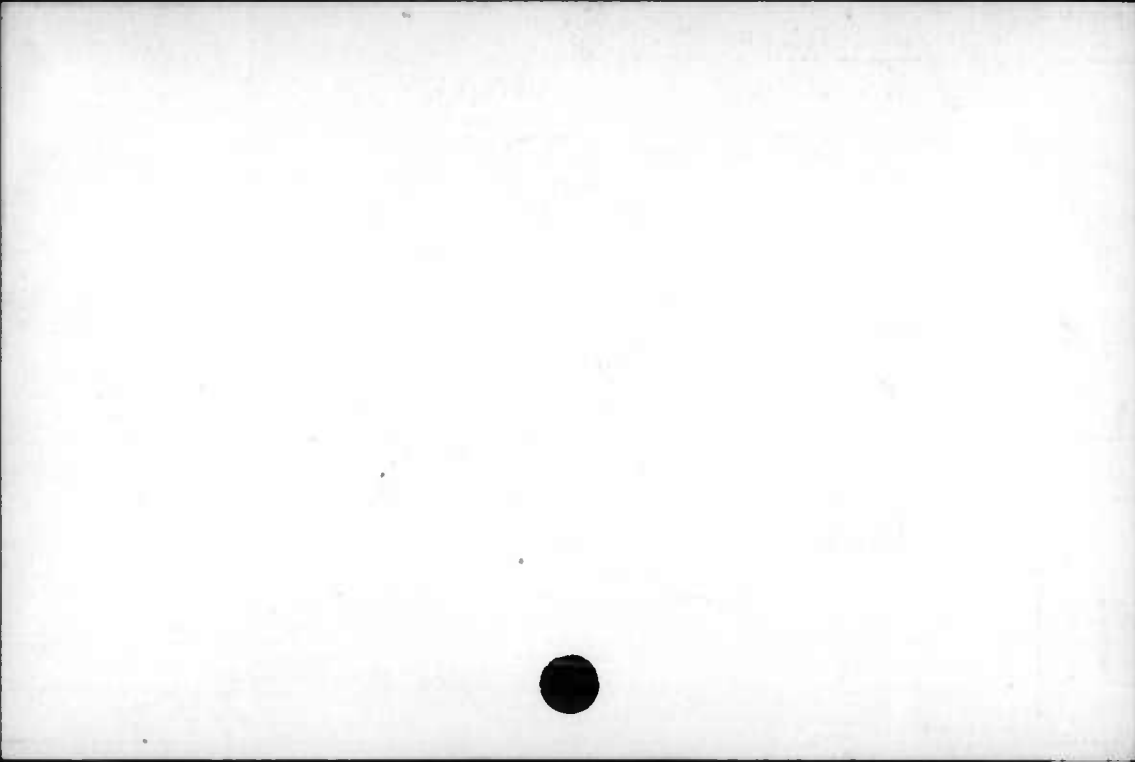
Died at <i>Frager</i> Town		<i>Calvert</i> County			
Date of death <i>1908</i> <i>Mar</i> Month		<i>3</i> Day	Age <i>—</i> Years	<i>11</i> Months	<i>1</i> Days
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Calvert Co md</i>			
Occupation <i>None</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>Sarah Fogle</i>		Mother's Birthplace <i>Calvert Co md</i>			
Name of person giving information <i>Ben Fogle</i>		How related to deceased <i>grand father</i>			

CAUSES OF DEATH

8

PHYSICIAN
OR CORONER

Primary <i>Whooping Cough</i>	How long <i>about 2 months</i>
Immediate <i>Bronchitis</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo F Chambers</i>
	Address <i>Suburban Farm 1374 Lansby Calvert Co md</i>
Resident or Foreign?	



Name
in
Full

Mr. Sam. Golden
Town *Shirley* County *Calvert*

25
CERTIFICATE OF DEATH

Died at <i>Shirley</i>		Town <i>Shirley</i>		County <i>Calvert</i>		MARYLAND	
Date of death	<i>1904</i>	Month <i>March</i>	Day <i>2</i>	Age	<i>4</i>	Months	Days
Sex	<i>Male</i>	Color or Race	<i>Colored</i>	Birth-place	<i>Baltimore</i>		
Occupation	<i>Char. work</i>	Where Residing if not at place of death		<i>Calvert Co. Md.</i>			
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband		<i>None</i>			
Father's Name	<i>Cruck Golden</i>	Father's Birthplace		<i>Calvert Co. Md.</i>			
Mother's Maiden Name	<i>Virginia Poush</i>	Mother's Birthplace		<i>Calvert Co. Md.</i>			
Name of person giving information	<i>Sam. Poush</i>	How related to deceased		<i>Son</i>			

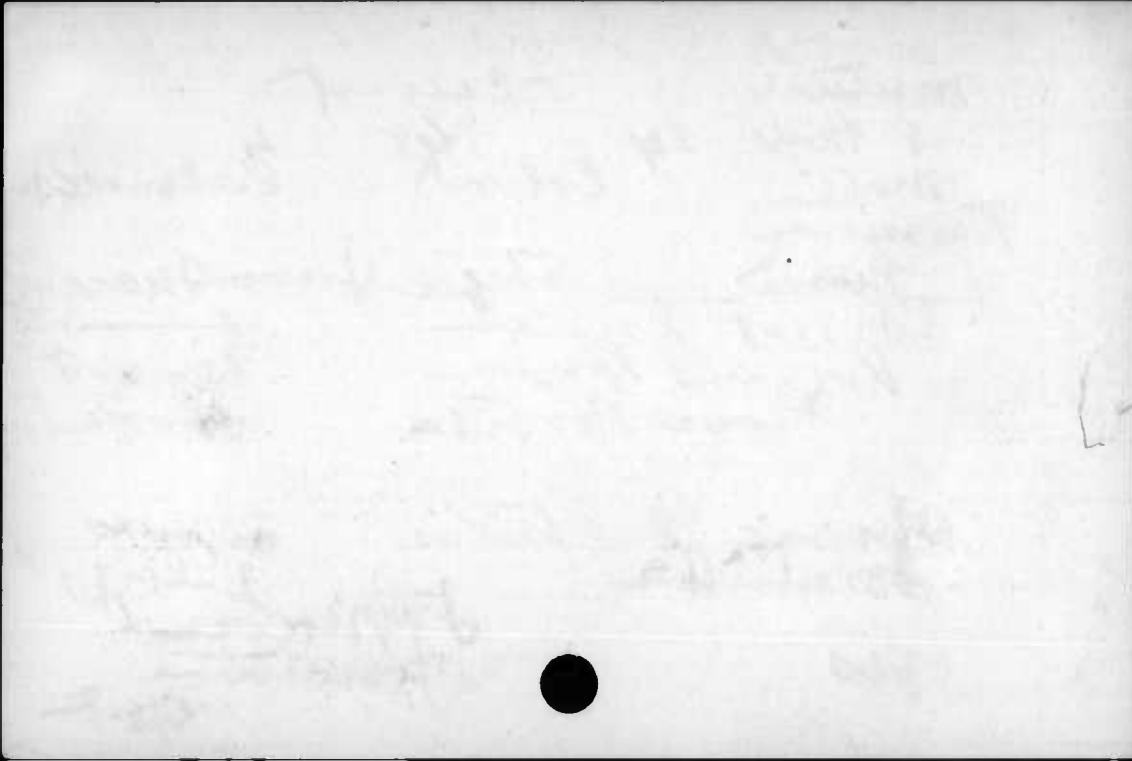
CAUSES OF DEATH

90

Primary	<i>Heart & Lungs</i>	How long	<i>3 weeks</i>
Immediate	<i>Heart & Lungs</i>	How long	<i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>R. Brown, M.D.</i>
	<i>No</i>	Address	<i>Shirley, Md.</i>
Accident or Suicide?	<i>No</i>		

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Clement H. Gray

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

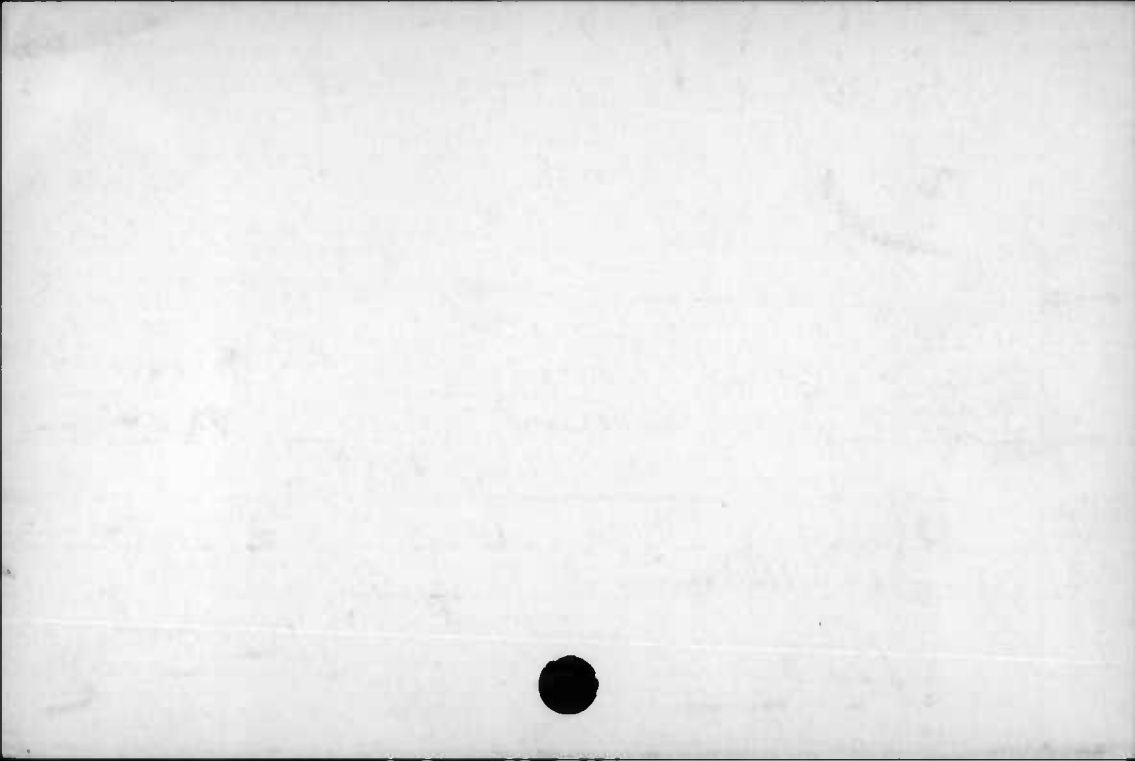
Died at <i>Mutual</i> <small>Town</small>		<i>Calvert</i> <small>County</small>		MARYLAND	
Date of death	<i>1908</i> <small>Year</small>	<i>March</i> <small>Month</small>	<i>24</i> <small>Day</small>	Age <i>68</i> <small>Years</small>	<i>00</i> <small>Months</small>
Sex <i>male</i>	Color or Race <i>Colored</i>	Birth-place <i>Calvert County</i>			
Occupation <i>Farmer</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Eliza Jane Mackall</i>				
Father's Name <i>Do not know</i>	Father's Birthplace				
Mother's Maiden Name <i>Kizzie Gray</i>	Mother's Birthplace <i>Calvert</i>				
Name of person giving information <i>Isaac Briggs</i>	How related to deceased <i>none</i>				

CAUSES OF DEATH

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PHYSICIAN
OR CORONER

Primary <i>Chronic Gastritis</i>	How long <i>2 yrs</i>
Immediate <i>Insulin</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>[Signature]</i>
<i>yes</i>	Address <i>[Signature]</i>
Accident or Suicide?	<i>yes</i>



Name
in
Full

Annie Gross

26
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

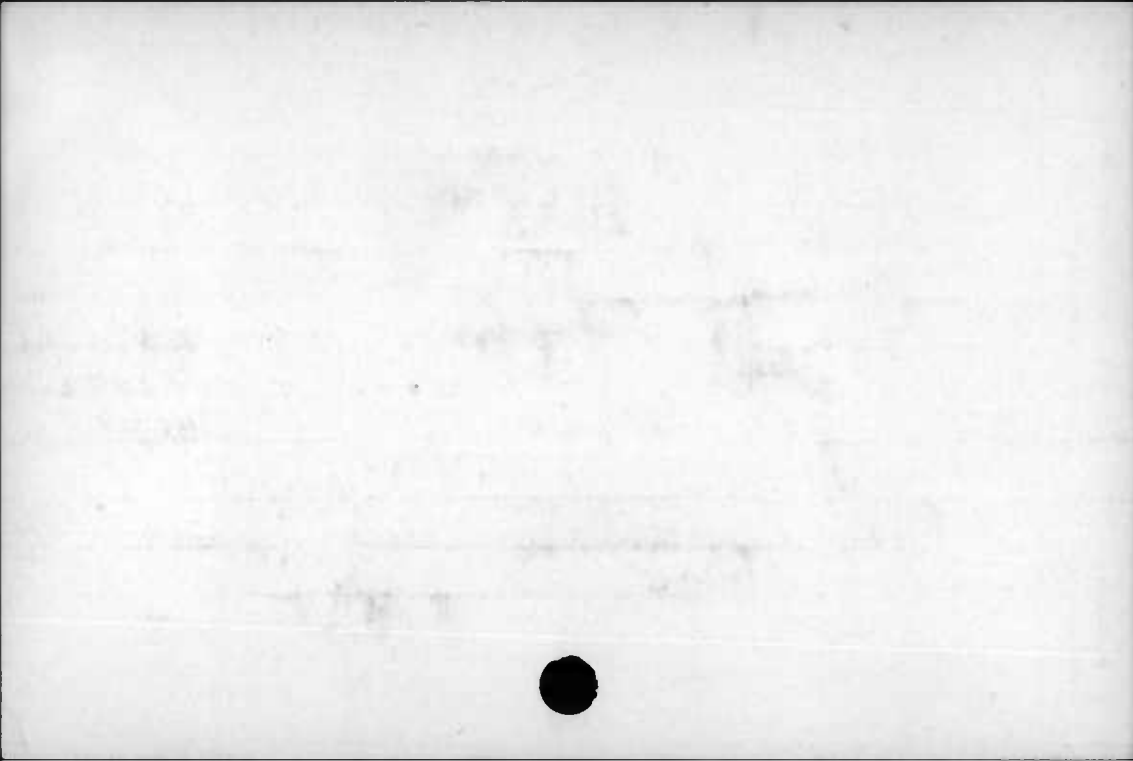
Died at		Town		County		MARYLAND	
Date		Month	Day	Years	Months	Days	
of death 1908		Mar	4	Age 36			
Sex		Color or Race		Birth-place			
Female		Colored		Wallbridge			
Occupation		Where Residing if not at place of death					
Housewife		Wallbridge					
Married, Single or Widowed		Name of Wife or Husband					
Married		Jno F Gross					
Father's Name		Father's Birthplace					
Geo Washington		Wallbridge					
Mother's Maiden Name		Mother's Birthplace					
Matilda Washington		Clem Co					
Name of person giving Information		How related to deceased					
Jno Gross		Husband					

CAUSES OF DEATH

42

PHYSICIAN
OR CORONER

Primary	Carac. Meri.	How long	26 months
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		R. B. Brown	
		Address	
		Local Physician	
Accident or Suicide?			
No			



Name
in
Full

William Janey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

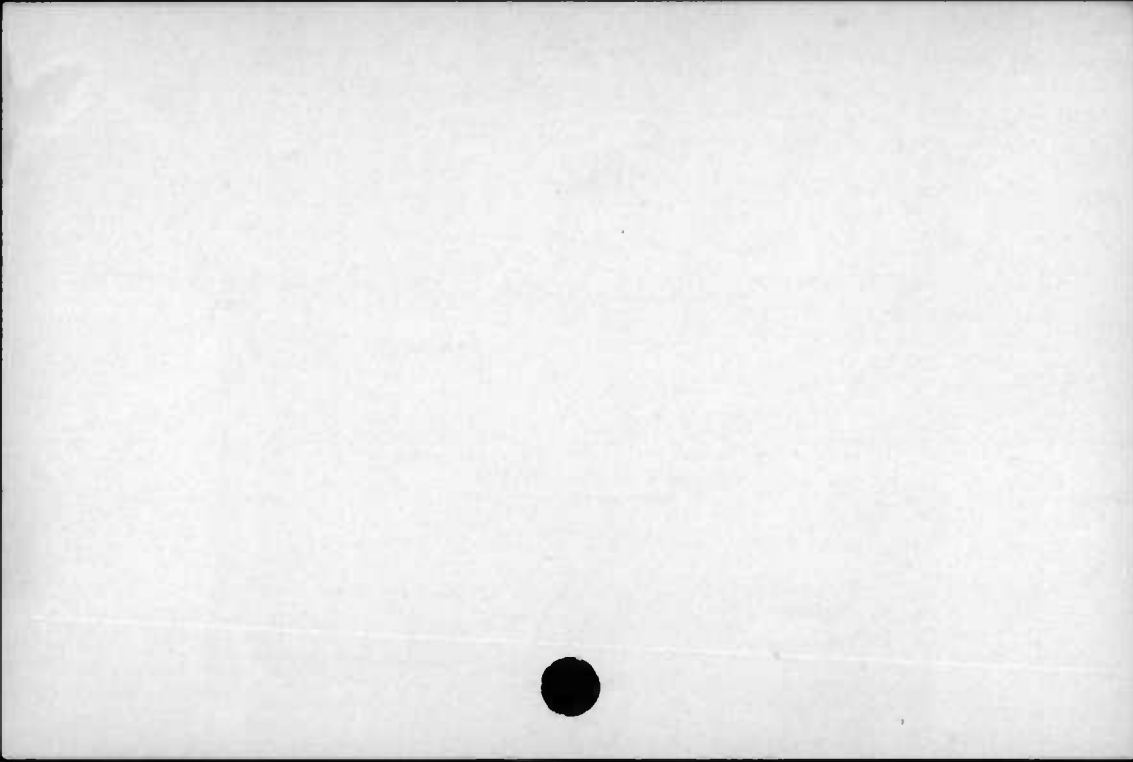
Died at <i>Adelphi</i> ^{Town}		<i>Rowen</i> ^{County}		MARYLAND	
Date of death <i>1908</i> ^{Month} <i>March</i> ^{Day} <i>4</i> ^{Years} <i>73</i> ^{Months} <i>—</i> ^{Days} <i>—</i>		Age <i>73</i>			
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Calvert B</i>	
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>" "</i>			
Married, Single or Widowed <i>widowed</i>		Name of Wife or Husband <i>Mary Parker</i>			
Father's Name		Father's Birthplace			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving information <i>Julius Parker</i>		How related to deceased <i>none</i>			

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Anasarca & Bronchitis</i>	How long <i>—</i>
Immediate <i>Uremia</i>	How long <i>Three weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Garwood Huggins</i>
	Address <i>Burke's Sta Maryland</i>
Accident or Suicide?	



Name
in
Full

Lettie Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

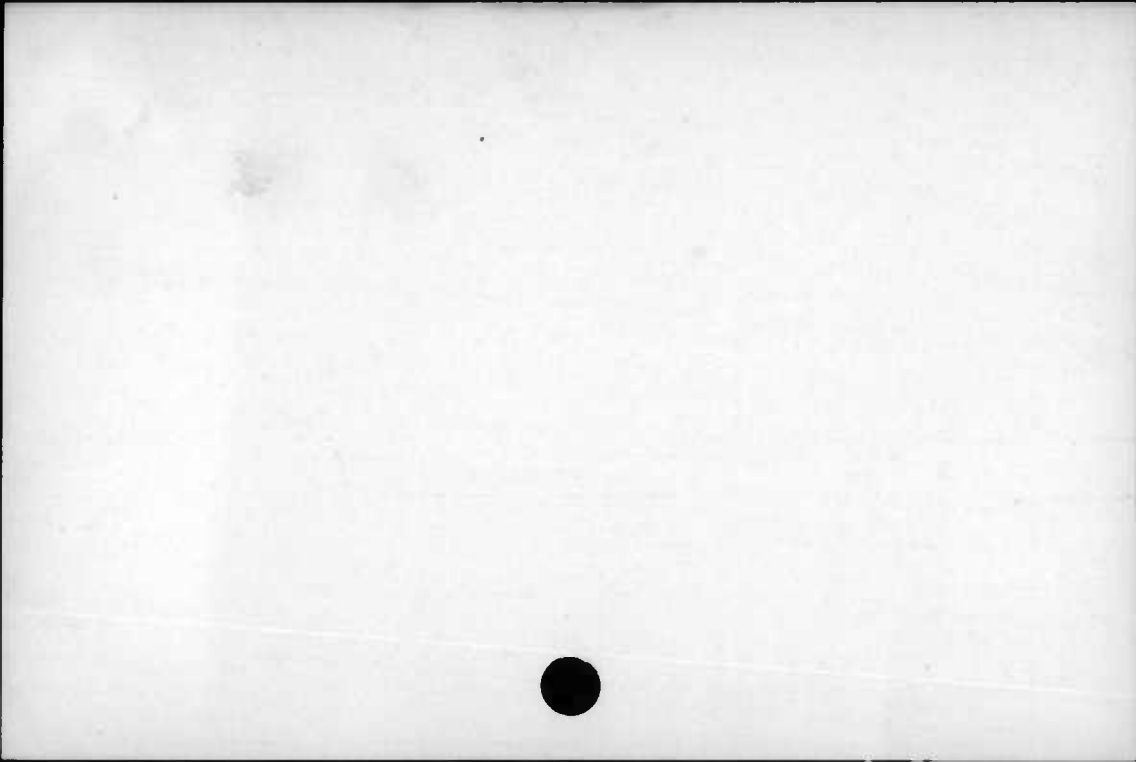
Died at <i>Lusby</i> <small>Town</small>		<i>Calvert</i> <small>County</small>		MARYLAND	
Date of death	<i>1908</i> <small>Year</small>	<i>Mar</i> <small>Month</small>	<i>5</i> <small>Day</small>	Age <i>about 80</i> <small>Years</small>	<i>—</i> <small>Months</small>
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth place <i>Calvert Co. Md</i>			
Occupation <i>None</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>George Johnson</i>				
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>				
Name of person giving information <i>Wm A Johnson</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

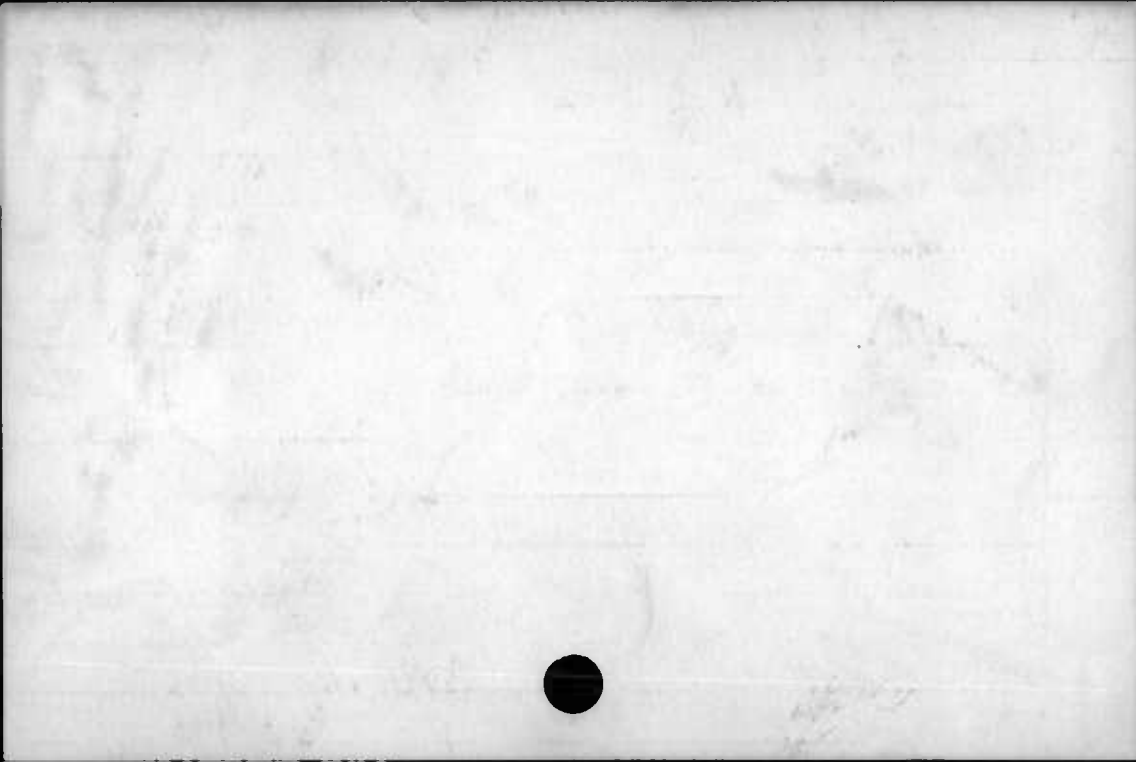
104

PHYSICIAN
OR CORONER

Primary <i>Acute Indigestion</i>	How long <i>about 2 hrs.</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Geo F Chambers</i>
	Address <i>Subregister's Office Lusby Calvert Co Md</i>
Accident or Suicide?	



Name in Full		Lucey S. Owings				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Owings		County		MARYLAND	
	Date of death	1908	Month	3	Day	9	Age
					Years	27	Months
							Days
	Sex	Female		Color or Race	White		Birth-place
	Occupation	Housewife		Where Residing if not at place of death		A. A. County	
	Married, Single or Widowed	Married		Name of Wife or Husband		John A. Owings	
	Father's Name	William S. Trout		Father's Birthplace		A. A. County	
Mother's Maiden Name	Sallie E. Ward		Mother's Birthplace		A. A. County		
Name of person giving information	Jno A. Owings		How related to deceased		Husband		
<div>CAUSES OF DEATH</div> <div>136</div>							
PHYSICIAN OR CORONER	Primary	Protracted and difficult labor				How long	30 hours
	Immediate	Heart exhaustion				How long	Several hours
	Are the name, age, sex, color, date and place correctly given above?				Yes		
	Signature of Physician				J. L. Brayshaw		
	Address				Friendship Md		
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Still Born child, Jno. Peloton's

MARYLAND

Died at ^{Town} Brown Island^{County} Cumt

Date

of death 1908

Month

March

Day

25

Age

Years

—

Months

—

Days

—

Sex

FemaleColor or
RaceWhiteBirth-
placeBrown Island

Occupation

NoneWhere Residing if not
at place of death—Married, Single
or WidowedSName of Wife or
HusbandNoneFather's
NameJno. PelotonFather's
BirthplaceCumt. Co.Mother's
Maiden NameSarah HarperMother's
BirthplaceCumt. CoName of person giving
InformationJno PelotonHow related
to deceasedSon

CAUSES OF DEATH

(S)PHYSICIAN
OR CORONER

Primary

Still Born

How long

6 hours

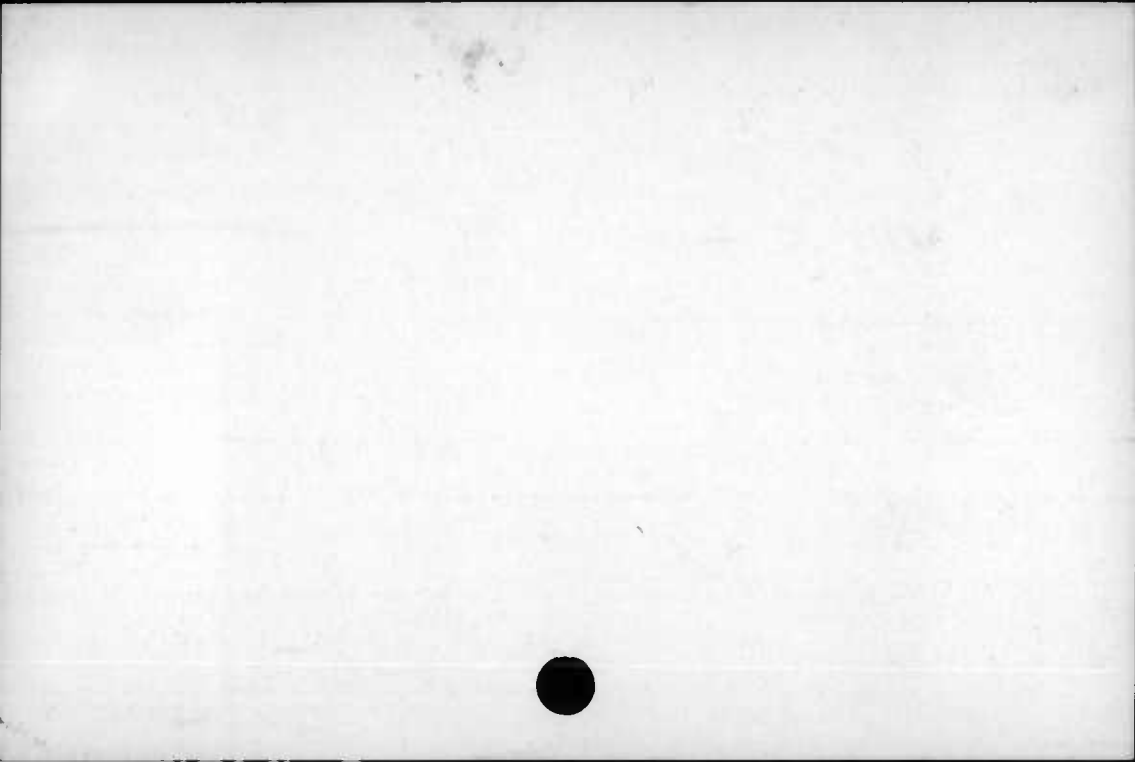
Immediate

Are the name, age, sex, color, date
and place correctly given above?YesSignature of
PhysicianP. J. Brown

Address

—

Accident or Suicide?



Name
in
Full

Charlotte Russell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

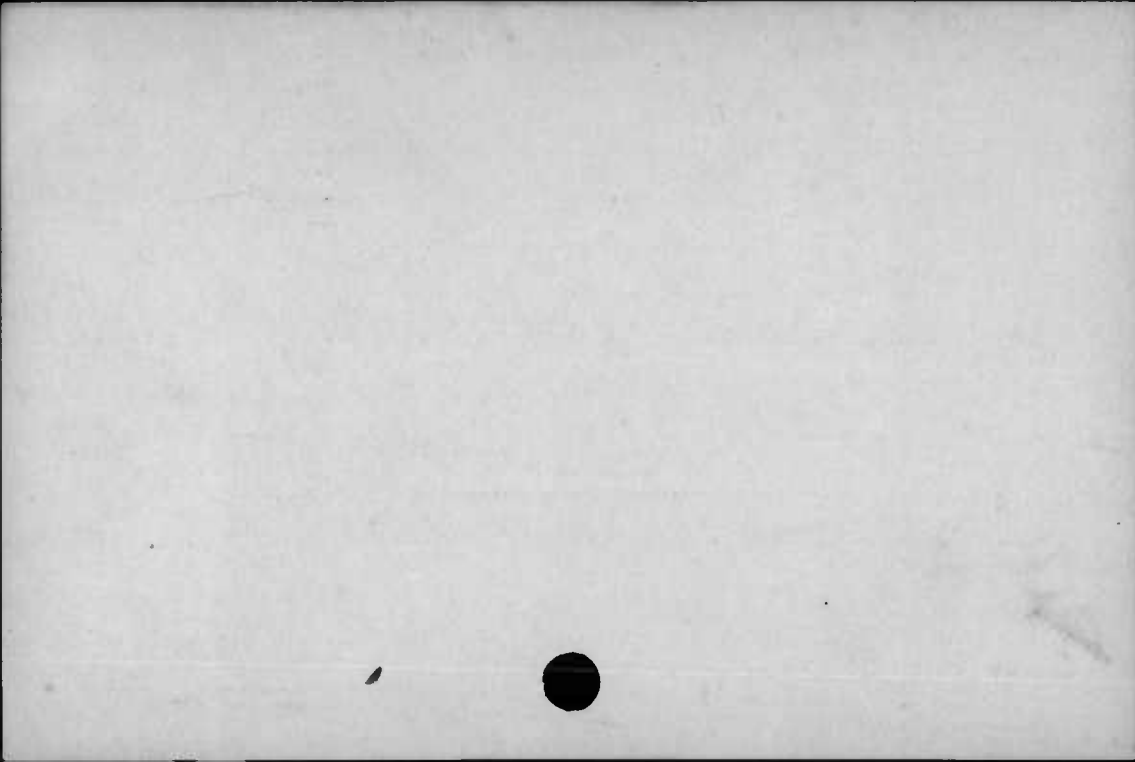
Died at		Town Bartow		County Calvert		MARYLAND	
Date of death	1908	Month mch	Day 10	Age	about 50	Months	Days
Sex	Female		Color or Race	Black		Birth- place	Calvert Co
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband	Joseph Russell			
Father's Name	Not Obtainable					Father's Birthplace	Calvert Co
Mother's Maiden Name	"					Mother's Birthplace	" "
Name of person giving In formation						How related to deceased	

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Mitral Insufficiency	How long	6 mos
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Dr. J. M. King
		Address	Bartow Md.
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

Asbury Smith
 Town Adeline County Calverton

MARYLAND

Diad at Adeline Calverton

Date of death 1908 Month Mich Day 3 Age 81 Years Months Days

Sex Male Color or Race Colored Birth-place Md

Occupation Laborer Where Residing if not at place of death Adeline

Married, Single or Widowed Widowed Name of Wife or Husband Maria Gross

Father's Name not known Father's Birthplace unknown

Mother's Maiden Name Mother's Birthplace "

Name of person giving information Asbury Smith How related to deceased Son

CAUSES OF DEATH

64

Primary cerebral hemorrhage How long about 10 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician D. L. M. King
 Address Bartow Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Eloise Sutton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

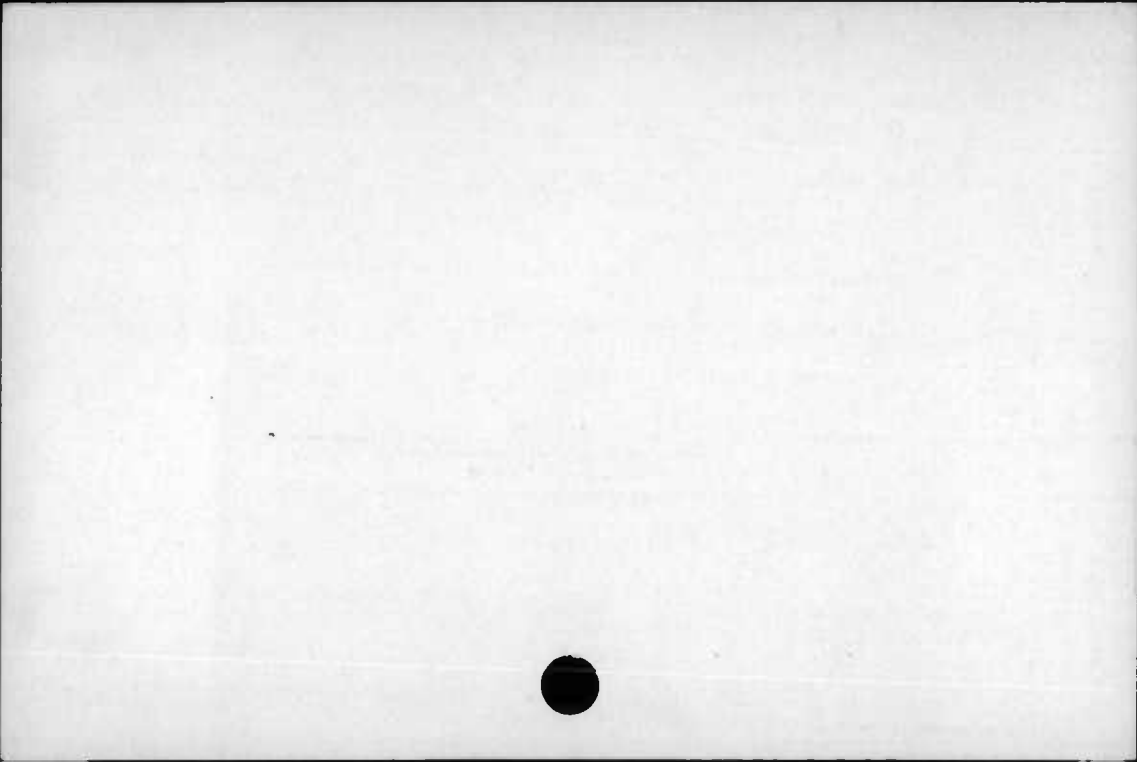
Died at		Town <i>Olivet</i>		County <i>Calvert</i>		MARYLAND	
Date of death		1908	Month <i>Mar</i>	Day <i>19</i>	Age <i>1</i>	Years <i>1</i>	Months <i>—</i>
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth- place <i>Calvert Co md</i>			
Occupation <i>Wm</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Wm</i>					
Father's Name <i>Unknown</i>				Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>Cora Sutton</i>				Mother's Birthplace <i>Calvert Co md</i>			
Name of person giving in formation <i>Cora Sutton</i>				How related to deceased <i>Mother</i>			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Consumption</i>	How long	<i>5 months</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		<i>Dr F Chambers</i>	
Address		<i>Leesby Calvert Co md</i>	
Accident or Suicide?			



Name
in
Full

Cephus watts

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Olivet		County Calvert		MARYLAND	
Date of death		1908	Month Mar	Day 27	Age —	Years —	Months 9
Sex		Male		Color or Race		Colored	
Occupation		None		Birth- place		Bellinon Md	
Where Residing if not at place of death							
Married, Single or Widowed		Single		Name of Wife or Husband		—	
Father's Name		Rafael watts				Father's Birthplace	
Mother's Maiden Name		Eliza Jancy				Mother's Birthplace	
Name of person giving In formation		Hester Brown				How related to deceased	
						Grandmother	

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary	Bronchitis	How long	about a week
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Dr J Chambers
		Address	Sub-prietary Bldg Lobby Calvert Co Md
Accident or Suicide?			

